



STATE OF MARYLAND

DHMH

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November 10, 2011

Public Health & Emergency Preparedness Bulletin: # 2011:44 **Reporting for the week ending 11/05/11 (MMWR Week #44)**

CURRENT HOMELAND SECURITY THREAT LEVELS

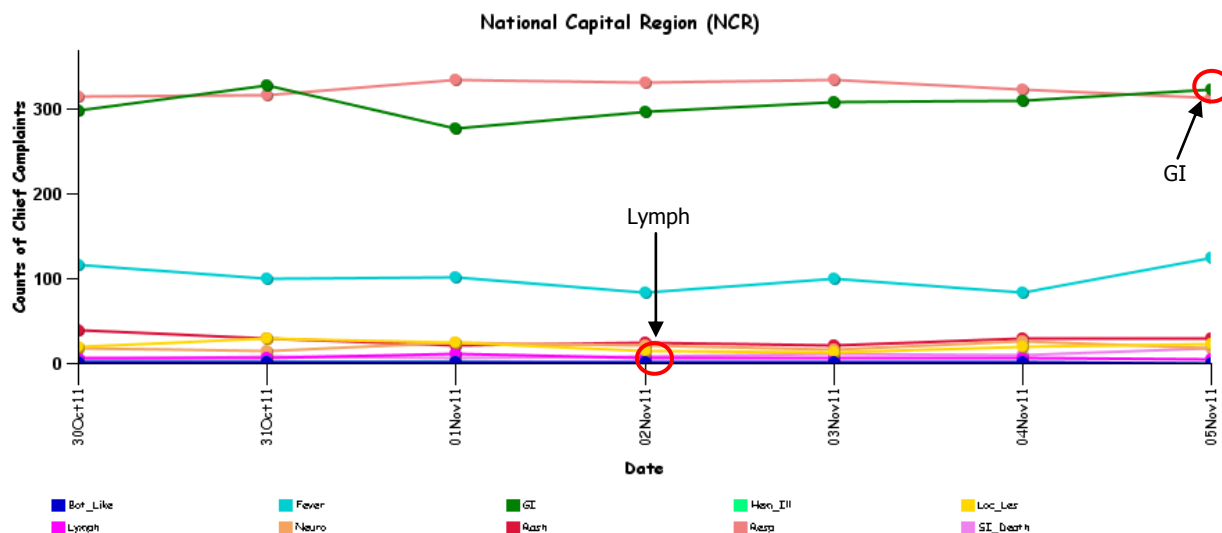
National: No Active Alerts
Maryland: Level One (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

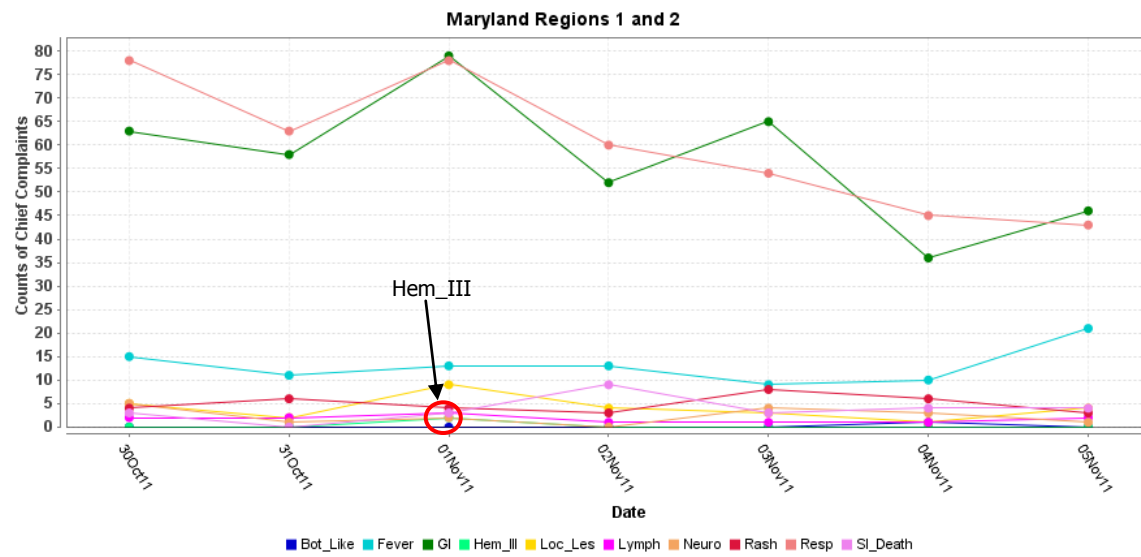
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

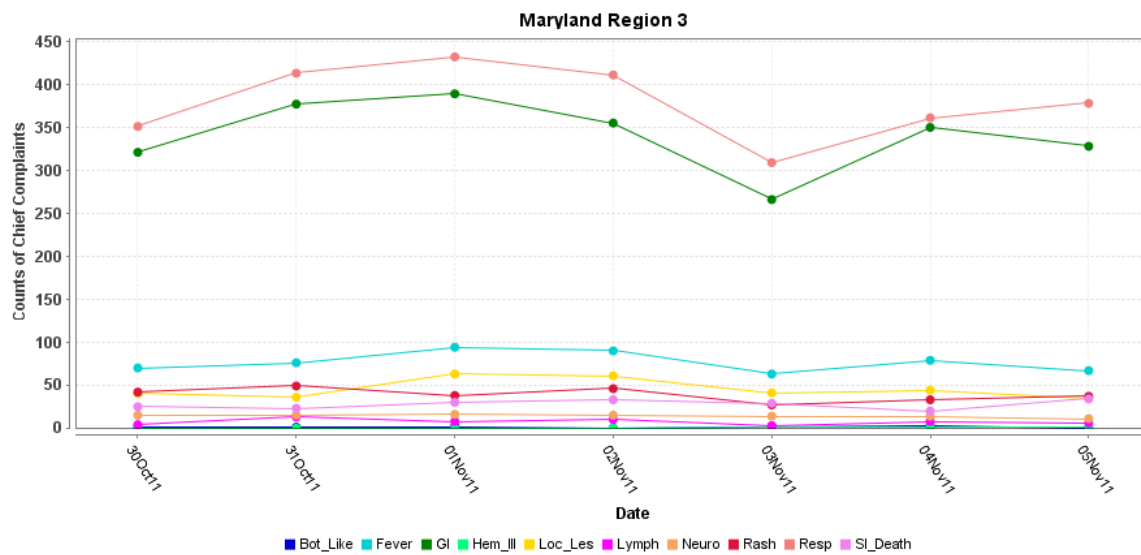


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

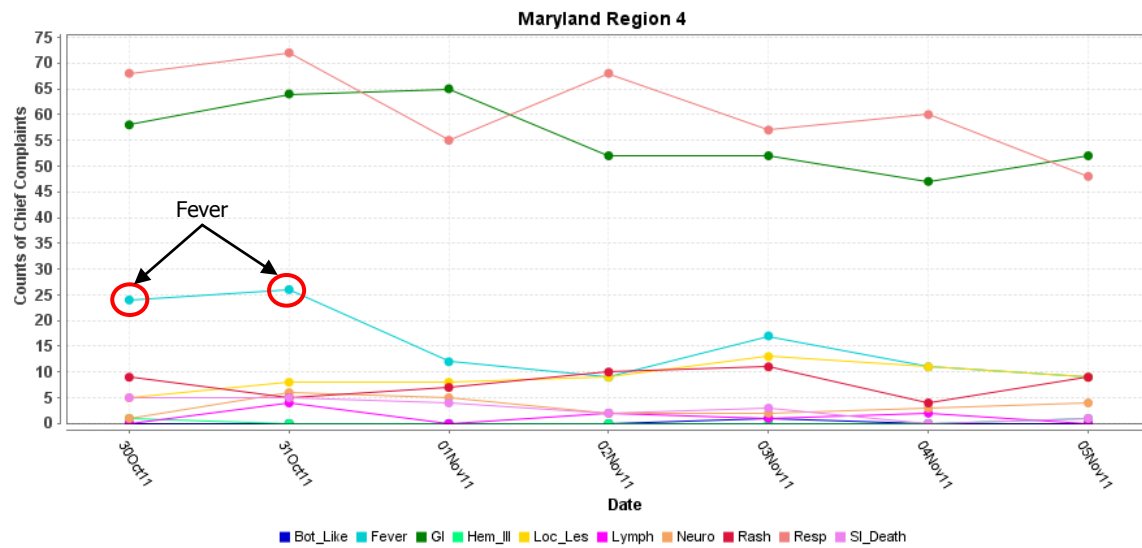
MARYLAND ESSENCE:



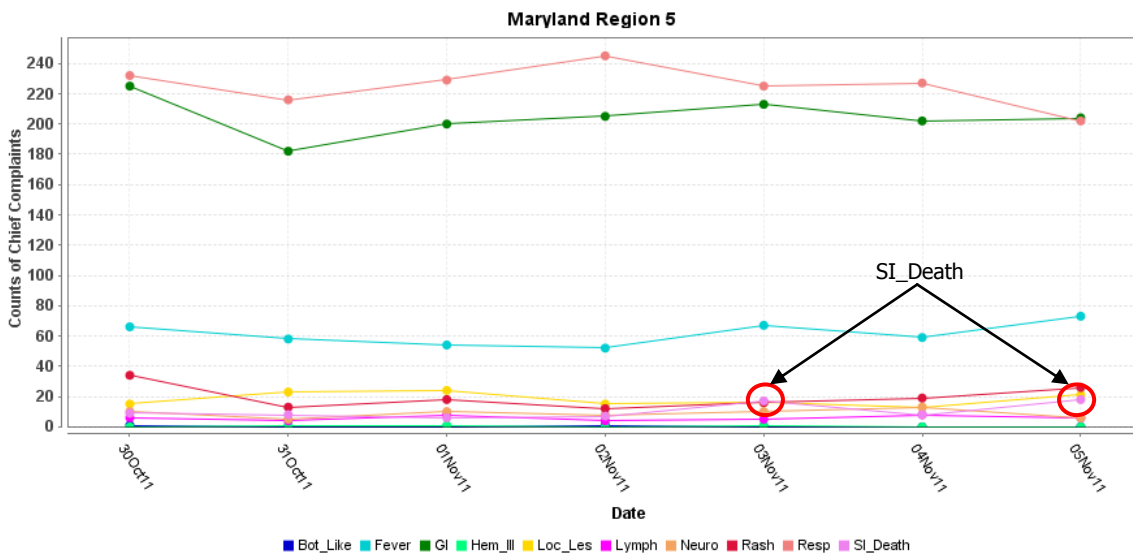
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

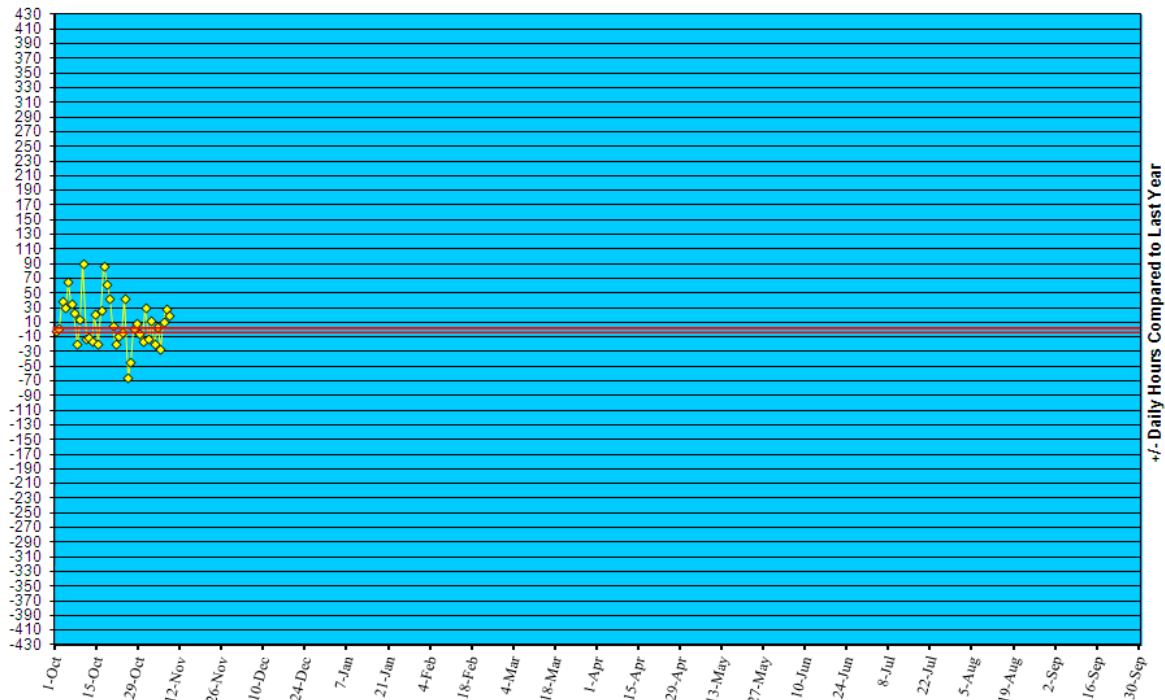


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '11 to November 5, '11



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in September 2011 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

| Meningitis: | <u>Aseptic</u> | <u>Meningococcal</u> |
|---|-----------------------|-----------------------------|
| New cases (October 30 – November 05, 2011): | 17 | 0 |
| Prior week (October 23 – October 29, 2011): | 24 | 0 |
| Week#44, 2010 (October 31 – November 06, 2010): | 9 | 0 |

2 outbreaks were reported to DHMH during MMWR week 44 (October 30 – November 05, 2011).

1 Gastroenteritis outbreak

1 outbreak of GASTROENTERITIS in a Nursing Home

1 Respiratory illness outbreak

1 outbreak of LEGIONNAIRES' DISEASE associated with a Nursing Home

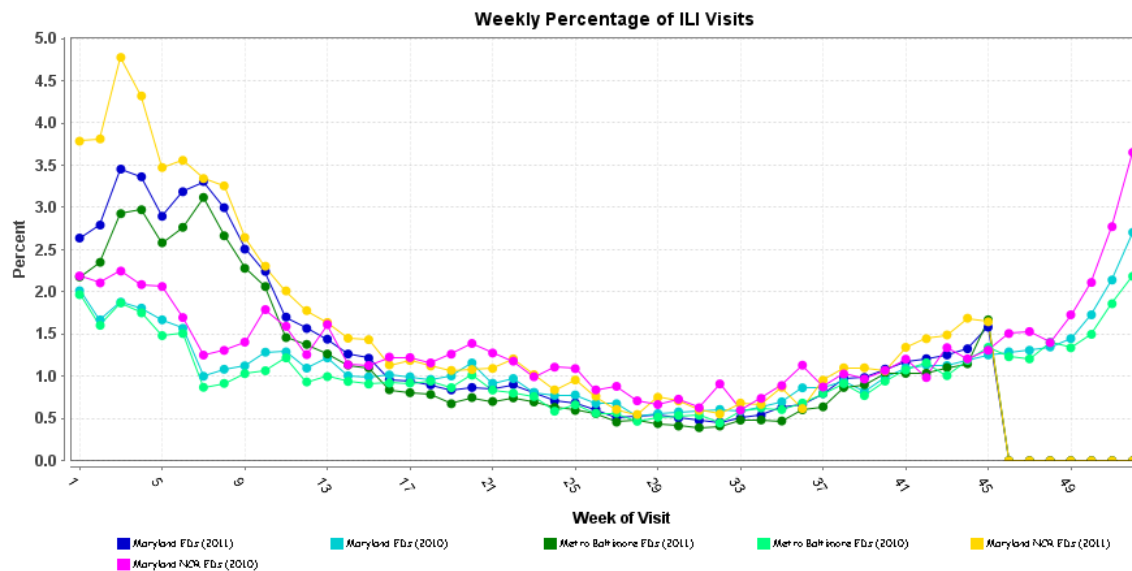
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

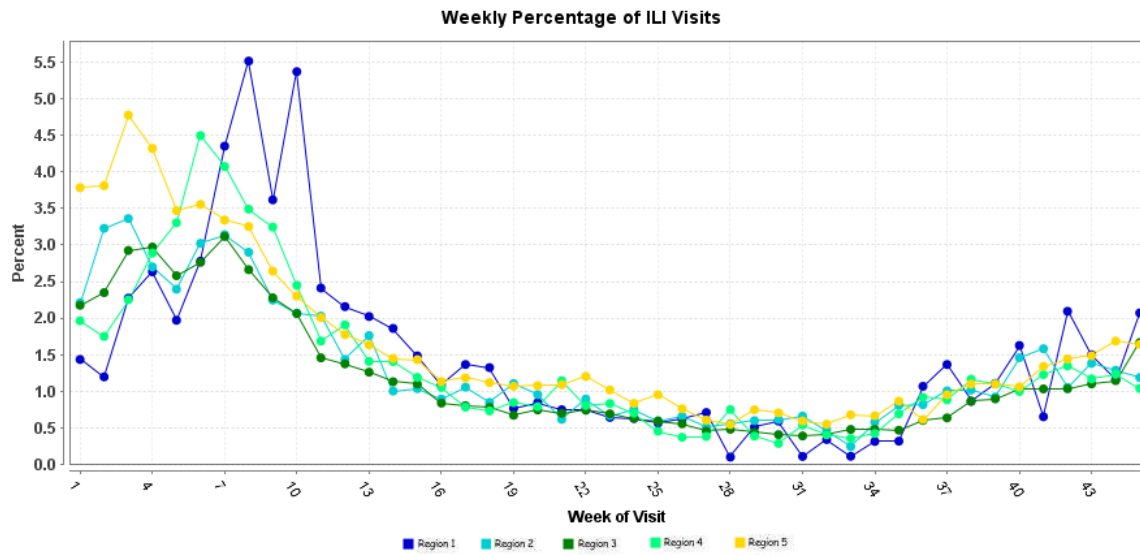
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.

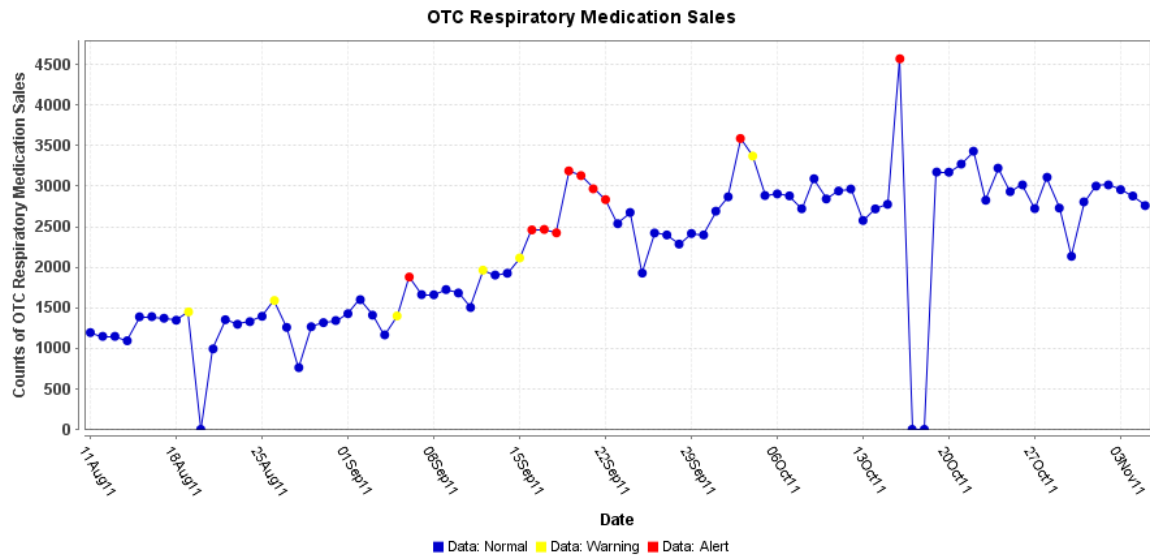


* Includes 2010 and 2011 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



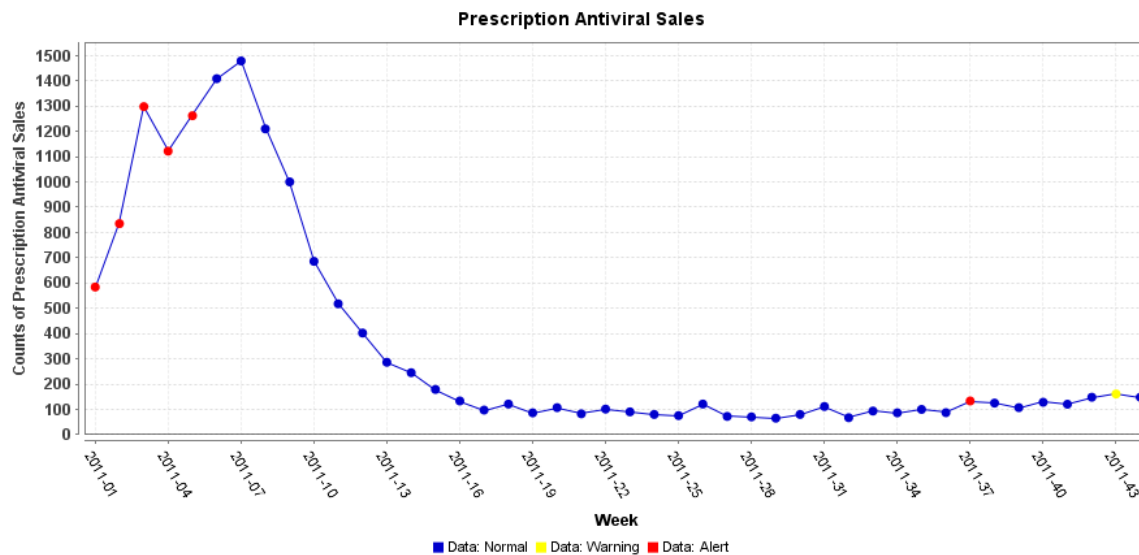
OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PRESCRIPTION ANTIVIRAL SALES:

Graph shows the weekly number of prescription antiviral sales in Maryland.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of September 16, 2011, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 564, of which 330 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

AVIAN INFLUENZA: 2 November 2011, The Ministry of Health of Egypt has notified WHO of one case of human infection with avian influenza A (H5N1) virus. The case is a 1 year-old male from Mahala district, Gharbia governorate. He developed symptoms on 17 Sep 2011 and was hospitalized on 21 Sep 2011. He completed the course of oseltamivir, recovered and was discharged from the hospital on 25 Sep 2011. Investigations into the source of infection revealed that the case had contact with poultry raised in the neighbourhood. The case was confirmed by the Egyptian Central Public Health Laboratories, a National Influenza Center of the WHO Global Influenza Surveillance Network. Of the 152 cases confirmed to date in Egypt, 52 have been fatal.

NATIONAL DISEASE REPORTS

BOTULISM (USA): 4 November 2011, A California importer is recalling smoked seafood imported from the Philippines. Foremost Foods International, Inc. of Pomona California, said it's pulling Pangasinan branded Roundscad Smoked Galunggong and Mackerel Smoked Hasa Hasa sold in Washington, Nevada and California through Seafood City and Manila Seafood stores. The potentially contaminated seafood was distributed between March 2010 and October 2011 and sold in 6-oz. clear vacuum-packed plastic packages. The recall follows a test by the FDA that turned up *Clostridium botulinum*, the bacterium that produces a neurotoxin that causes botulism. The company said it has received no reports of illness. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (UT): 3 November 2011, Public health officials estimate 2100 Utahns have been sickened with salmonellosis from home-made 'queso fresco' since 2009. The Salt Lake Valley Health Department has tracked down one source of the outbreak, an unnamed man dubbed "Mr. Cheese," who was making the product with raw milk and selling it to a Salt Lake City restaurant/deli. The health department has confirmed that 73 people were sickened with the illness, which causes diarrhea, fever, and abdominal pain. But they estimate that hundreds more were ill and never reported it to the health department. They are still investigating whether there are other sources behind the outbreak. Officials hope the scope of the outbreak -- it affected people in Salt Lake, Tooele, Davis, Utah, Weber, and Morgan counties -- will remind people to be cautious when buying food. "They should not be purchasing food products in shopping center parking lots, from people distributing it out of their trunks or door to door," said Royal DeLegge, director of environmental health at the health department. "When you go into a retail setting, a deli or a store, you're looking for labeling on the products." The cheese probe took 3 years, involved a criminal investigator, and extended to a fast-food franchise where Mr. Cheese's wife worked. People began to get sick in 2009 with *Salmonella Newport*, and the health department warned people not to buy the Mexican-style soft cheese from unapproved sources. Another 22 Newport cases popped up in 2010. The health department couldn't find a common cause but heard of a woman selling cheese in a parking lot. By June 2011, another 32 people were sick with the strain. They commonly identified 4 restaurants and a market, where the local and state health department took samples of queso fresco and samples from preparation areas. It found a positive DNA match from the cheese in the restaurant/deli. A criminal investigator for the county's District Attorney's Office put together a photo lineup for the restaurant owner, who identified his queso fresco source and called him "Mr. Cheese." The health department later learned the man made the cheese in his home using raw milk. The man also is not licensed to manufacture cheese, according to the department. Agriculture investigators are still determining where he obtained the milk he used. "We're looking at what, if any, violations occurred there. There is a cottage industry law, where you are allowed to make food in your house and sell it ... under certain conditions," said Larry Lewis, spokesman for the Utah Department of Agriculture. It is still investigating Mr. Cheese. There could be other sources of the raw milk and other manufacturers of contaminated cheese. Raw milk apparently produces a creamier cheese and is preferred in making queso fresco. Unpasteurized milk is allowed to be sold in Utah, but dairies and sellers must have a permit. Health officials warn against consuming raw milk because it can be contaminated with bacteria that would be killed in the pasteurization process. Mr. Cheese's wife may have contaminated her workplace with the queso fresco. 4 customers and a food handler at 4 locations of a fast-food chain were sickened in 2011. "There's no reason for us to believe the franchise sold any of the cheese," DeLegge said. "There's a link we're still trying to pursue and find out how the transmission took place." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

LEGIONELLOSIS (FL): 2 November 2011, Pasco County public health authorities are trying to determine what may have caused 3 cases of Legionnaires' disease. 2 cases were diagnosed on the same street in Port Richey. "We just heard of a 3rd case that's in a different location 4 miles away," said Dr David Johnson, director of the Pasco County Health Department. The 3 cases follow last week's [week of 24 Oct 2011] outbreak of Legionnaire's disease in Plant City [Hillsborough County, Florida]. 3 people were diagnosed to the bacterial infection in the Meadows Countrywood neighborhood last week. One of the patients died. Initially the Hillsborough County Health Department suspected a community hot tub may have been the source of the illness. That has since been ruled out. No known cause has been identified. "Sometimes the cause jumps right out at you," Pasco's Dr Johnson said. "But often the cause is never found," he added. There is no common connection between Pasco County's 3 cases, except from location. 2 of the patients live on the same street. The 3rd lives nearby. The cause could be as simple as a dirty showerhead. People who live near one of the Port Richey patients say he was rushed to a hospital in an ambulance. Johnson suggests not waiting that long for anyone who feels ill. "If you have symptoms, if you're developing a fever and cough you need to get in and see your doctor," he said. Legionnaires' disease comes from bacteria usually found in water. The bacterium that causes it thrives in warm and wet environments, and people contract the disease by breathing in contaminated water vapor. "It is not contracted person to person," explained FOX 13's Dr Joette Giovinco. "However, if several people were exposed to the same source, then many of those people may get sick, depending on their health." (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents)*Non-suspect case

INTERNATIONAL DISEASE REPORTS

TULAREMIA (AUSTRALIA): 4 November 2011, A rare disease never seen in the southern hemisphere before, named tularaemia, has been discovered in Tasmania, Australia, state Deputy Director of Public Health, Dr Chrissie Pickin, confirmed on Fri 4 Nov 2011. 2 women contracted tularemia after being bitten and scratched by sick possums in western Tasmania. While the disease is well known in North America and parts of Europe and Asia, it is believed the Tasmanian cases are the 1st in the southern hemisphere. Veterinarian Dr James Harris said it has a range of effects on humans. "It can cause a septicemia, an infection which circulates in the blood, and may cause pneumonia and unless it is treated, it can be a fatal disease," he said in a statement. "(It can be) treated with antibiotics very successfully." Pickin said both cases have recovered, and warned people to avoid handling wild animals and see their physician if scratched or bitten. (Tularemia is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

FOODBORNE ILLNESS (SAUDI ARABIA): 2 November, 2011, A total of 81 Bangladeshi pilgrims were taken to hospitals in Madina Mon 31 Oct 2011, with food poisoning after eating a meal at an unlicensed caterer. They received medical treatment at King Fahd, Uhud, and Al-Ansar hospitals, and samples of the food they had eaten were sent for analysis. Dr Abdul Hameed Muhammad Shahat, medical director of King Fahd Hospital in Madina, said that around midnight on the date, the emergency unit received 26 pilgrims, most of whom were elderly. They were suffering from abdominal pains associated with diarrhea and vomiting. The pilgrims were all treated and discharged, except for one who had to be hospitalized. Dr Ali Karbooji, medical director of Uhud Hospital, said that the hospital received 19 Bangladeshi pilgrims who were admitted to the hospital with food poisoning. "Most of them were discharged while some were kept at the hospital until they were stable." Dr Fared Al-Nuzha, medical director of Al-Ansar Hospital,

said that 36 pilgrims were admitted and treated. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

BOTULISM (ITALY): 1 November 2011, Pure Italian, LLC, Watertown, MA, the US Distributor, in conjunction with the manufacturer and packer, Bio Gaudiano, Italy, is recalling Bio Gaudiano Organic Olives Stuffed with Almonds, all sizes (glass jars and cans) and all lots, because it has the potential to be contaminated with *Clostridium botulinum*, a bacterium which can cause life-threatening illness or death. Two adults hospitalized in Finland were diagnosed with botulism after consuming almond stuffed olives produced by Bio Gaudiano lot number H2510X, expiration 09/2012. Consumers are warned not to use the product even if it does not look or smell spoiled. Pure Italian, LLC distributed product at SoWa farmers market in South End MA in 314 ml glass jars. Almond stuffed olives in 314 ml glass jars have a white label that reads Bio Gaudiano with a green twist off metal lid that has an E0511X lot number and 05/2013 expiration date on it. Distribution of other sizes and lots were made to Massachusetts retailers. Bio Gaudiano, Italy decided to activate the recall procedures as a preventive and precautionary measure in the interests of consumers. (Botulism is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmf.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmf.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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